

## PART B - FEE(S) TRANSMITTAL

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7590

11/25/2003

KOPPEL & JACOBS  
Suite 107  
555 St. Charles Drive  
Thousand Oaks, CA 91360



Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

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Jeanette E. Casserly

(Depositor's name)

(Signature)

December 11, 2003

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/083,752	02/25/2002	Stephen A. Cohen	A5WI2038US	7502

TITLE OF INVENTION: SENSOR STRUCTURES AND METHODS FOR REDUCTION OF DIFFERENTIAL-HEATING SIGNAL ERRORS IN INTEGRATED CIRCUITS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	02/25/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
MOTTOLA, STEVEN J	2817	330-256000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

KOPPEL, JACOBS, PATRICK  
& HEYBL

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

ANALOG DEVICES, INC.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Norwood, Massachusetts

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee☒ Advance Order - # of Copies 10

4b. Payment of Fee(s):

☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 11-1580 (enclose an extra copy of this form).

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12/16/2003 SSESHE2 00000067 10083752

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